



## Supplier Registration Form

**Welcome to the Mascom supplier accreditation program. Please take a few minutes and register your business. Mascom reserves the right to approve suppliers at its sole discretion and prerogative. Only successful suppliers will be communicated to.**

<b>Registered Name of Bussiness:</b>	
<b>Trading Name of Bussiness:</b>	
<b>VAT Registration NO</b>	
<b>Company Address (physical &amp; postal):</b>	
<b>Office Location Address</b>	
<b>Total manpower</b>	
<b>Company Registration no:</b>	
<b>Country of registration:</b>	
<b>Date of formation of Business:</b>	
<b>Business type: e.g Public Limited Co, Private Co. Sole Trader, Partneship etc</b>	
<b>Company Phone:</b>	
<b>Company Fax:</b>	
<b>Company E-Mail:</b>	
<b>Company web- site</b>	
<b>Contact person:</b>	
<b>Contact Phone / Cell Number</b>	
<b>Description of core Business</b>	

Attach certified copies of Certificate of Incorporation and current Tax Clearance Certificate

RELEVANT PRODUCT DELIVERABLES TO MASCOM

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# Supplier Registration Form

## 1. FINANCIALS

Annual Turnover for the last 3 years: Auditors \_\_\_\_\_

Year	Currency	Amount

## 2. INSURANCE DETAILS

Types of insurance coverage you have:

Category		Insurer	Amount
Workmen's Compensation	Yes/No		
Public Liability	Yes/No		
Fidelity	Yes/No		
Professional Indemnity	Yes/No		
Others			
Others			

If yes Attach certified Copy of Certificate

## 3. BANKING DETAILS

Bank Name	
Account No	
Account Holder`s Name	
Branch Code	
Account Type	

## 4. REFERENCES

Details of 3 sources (including at least one from a bank operating in Botswana) we may contact to seek reference in relation to services rendered by your business.

Business Name	Address	Contact No. and Person	Goods/ Services provides

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## 5. OWNERSHIP DETAILS

NAME & SURNAME	CITIZENSHIP	SHAREHOLDING %

Attach proof.

### ADDITIONAL INFORMATION:

Please submit any other information you deem relevant for Mascom to know

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**I declare that the information given in the registration form is correct to the best of my knowledge and belief**

NAME : \_\_\_\_\_ DATE : \_\_\_\_\_

POSITION : \_\_\_\_\_

COMPANY STAMP/SEAL

***Please submit certified copies where required together with the return of this Questionnaire to the Procurement Section. Initial all pages and any cancellations should be signed for.***

***All supplier information will be treated strictly confidential.***

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